



Fact Sheet

Recommendations for Persons Undergoing Blood Glucose Monitoring in Evacuation Centers for the Prevention of Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus Transmission

Regular monitoring of blood glucose levels through the use of fingerstick devices and portable glucometers is an important component of routine diabetes care. Adherence to Standard Precautions, as well as specific infection control recommendations targeting diabetic care procedures in group residence settings is needed to prevent the transmission of hepatitis B virus, hepatitis C virus, and human immunodeficiency virus.

The following recommendations can keep diabetics and other evacuation center residents from acquiring infections with bloodborne pathogens.

Diabetes Care Procedures and Techniques

- Prepare medications such as insulin in a centralized medication area; multiple-dose insulin vials should be assigned to individual residents and labeled appropriately.
- Never reuse needles, syringes, or lancets.
- Restrict use of fingerstick capillary blood sampling devices to individual residents. Consider selecting single-use lancets that permanently retract upon puncture.
- Dispose of used fingerstick devices and lancets at the point of use in an approved sharps container.
- Environmental surfaces such as glucometers should be decontaminated regularly and any time contamination with blood or body fluids occurs or is suspected.
- Glucometers should be assigned to individual residents. If a glucometer that has been used for one resident must be reused for another resident, the device must be cleaned and disinfected with 1:10 dilution household bleach and clean water.
- Do not carry supplies and medications in pockets.
- Because of possible inadvertent contamination, unused supplies and medications taken to a resident's bedside during fingerstick monitoring or insulin administration should not be used for another resident.

Hand Hygiene and Gloves

- Wear gloves during fingerstick glucose monitoring, administration of insulin, and during any other procedure that involves potential exposure to blood or body fluids.
- Change gloves between resident contacts. Change gloves that have touched potentially blood-contaminated objects or fingerstick wounds before touching clean surfaces.
- Remove and discard gloves in appropriate receptacles after every procedure that involves potential exposure to blood or body fluids, including fingerstick blood sampling.
- Perform hand hygiene (i.e., hand washing with soap and water or use of an alcohol hand gel) immediately after removal of gloves and before touching other medical supplies intended for use on other residents.

(continued from previous page)

Other Considerations

- Review regularly the individual residents' schedules for fingerstick blood glucose sampling and insulin administration and reduce the number of percutaneous procedures to the minimum necessary for appropriate medical management of diabetes and its complications.
- Assure that adequate staffing levels are maintained to perform all scheduled diabetes care procedures, including fingerstick blood glucose monitoring.
- Consider the diagnosis of acute viral hepatitis infection in residents who develop an illness that includes hepatic dysfunction or elevated aminotransaminase levels (AST or ALT).

If you want more information on training and oversight, please see <http://www.cdc.gov/ncidod/diseases/hepatitis/mmwr.htm#diabetes>.

For more information, visit www.bt.cdc.gov/disasters,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

September 13, 2005

Page 2 of 2